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What Do Health Professionals Think About Good Governance Practices? Results of an Online Survey

In the summer of 2007, Health Systems 20/20 conducted an Internet-based survey on the practice of good governance in the health sector in collaboration with the Health Systems Action Network (HSAN). The survey posed a set of good practices related to health governance, and asked respondents to indicate whether their experience confirmed or disconfirmed those practices. One hundred and nineteen individuals responded to the survey. The responses convey a relatively negative picture of the extent to which developing country health systems currently apply good governance practices. However, the survey points to three actionable recommendations: 1) use governance reform initiatives to remove barriers to health services, 2) target the actors who care the most for introducing good governance initiatives, mid-level managers, and 3) make systems development initiatives the entry points for good governance actions. This brief summarizes the results of the survey and highlights key findings and observations drawn from respondent comments.

Ellie Brown/Kenya

WHO RESPONDED?

The majority of the respondents work in Africa (51 percent), followed by Latin America/Caribbean (20 percent), Asia (15 percent), North America (14 percent), and Middle East/North Africa (8 percent). Public sector organizations are the workplace for 60 percent of the 119 respondents, followed by nongovernmental organizations (NGOs) and civil society with 42 percent. Private facilities or individual private practice were indicated by 16 percent as their workplace. More than half (52 percent) of respondents work primarily in program or project management and supervision. Close to 20 percent indicated that they have a role in policymaking, slightly less than 20 percent in service delivery. Somewhat less than half of respondents (42 percent) do consulting and advising, with 27 percent engaged in advocacy and lobbying. About 75 percent of the 119 respondents completed the entire survey, which was available online from June to September 2007 at HSAN's website.

Policy Brief

HEALTH SYSTEMS 20/20

WHAT ARE GOOD HEALTH GOVERNANCE PRACTICES?

Health systems contain three categories of actors: government, providers, and beneficiaries/clients. Health governance involves the rules that determine the roles and responsibilities of each of these categories of actors, and the relationships, structures, and procedures that connect them. Good governance in health reflects the application of a set of normative principles: accountability to patients and the broader public, an open policy process where competing interest groups operate on a level playing field, state capacity and legitimacy to manage the policy process and implement health policy decisions, effective and responsive service delivery, and the participation of civil society and private sector actors in both policymaking and service delivery. In developing countries, donors can have a significant impact on the three categories of actors, especially government.[1]

The Health Systems 20/20 online survey translated these good health governance principles into 16 statements of good practice, and asked respondents to agree or disagree as to whether the statement describes practices that are applied in the delivery of health services in the country or region where they work. Besides these close-ended questions, respondents were given an opportunity to provide open-ended comments on transparency, accountability, corruption, and citizen oversight.

HOW PREVALENT ARE GOOD HEALTH GOVERNANCE PRACTICES?

The overall picture that the survey responses depict of the extent to which developing country health systems apply the practices associated with good health governance is a relatively negative one. For only two statements was the percentage of respondents who agreed higher than the figure for those who disagreed. These two were Statement 2, on the ability of health sector actors to influence health legislation (39.3 percent agreement); and Statement 4, on the development and dissemination of protocols, standards, and codes of conduct (43 percent agreement).

For the other 14 statements of good governance practice, respondents' disagreement ratings outweighed agreement, indicating that, in their view, the health systems they work in do not tend to exhibit the good governance features the statements describe. Seven statements had disagreement ratings of 60 percent of respondents or higher. The highest disagreement figure (68.8 percent) was on Statement 15, regarding the availability of service quality and cost information to clients. A related statement (9) on information regarding resource allocation and utilization was also seen as not applied in practice by 65.3 percent of respondents. In addition, 65.6 percent of respondents noted a failure to establish and apply procedures to address bias and inequity in access to health services. Five other statements received disagreement ratings from between 40 percent and 50 percent of respondents. The table on page 4/5 displays the results for the 16 statements in the survey.

The survey also asked for open-ended comments from respondents on key elements of governance: transparency, accountability, corruption, and citizen oversight. About half of the 119 respondents provided comments.

Transparency: There were 56 comments offered on the issue of transparency. These ranged from assertions as to its existence in the health sector (30), descriptions of current conditions and/or explanations of why there was or was not transparency (28), lack of understanding of the meaning of transparency among health sector personnel (13), plus a few incomplete comments that could not be categorized (4). Among the assertions about the existence of transparency, most focused on financial transparency and all of the 30 respondents said there was either none or only limited examples. With regard to personnel understanding, respondents said management and information systems were essential/important for transparency. With regard to current conditions or explanations regarding existence of transparency, reasons included lack of public awareness, non-functional systems, corruption, and politicized decisionmaking.

For more on health governance, see Derick Brinkerhoff and Thomas Bossert. February 2008. Health Governance: Concepts, Experience, and Programming Options. *Policy Brief. Bethesda, MD: Health Systems 20/20, Abt Associates Inc. It is available at www.healthsystems2020.org.*

Selected comments:

Rapid decentralization has reduced transparency. Commonly, decentralization has not been accompanied by the development of management systems, including checks and balances, that are appropriate to the mode of decentralization being implemented, nor have the managers been given the necessary skills. Furthermore, local politics becomes an increasingly important issue that has in many settings reduced transparency and increased corruption.

Transparency goes a long way in aiding the value of decisions and services delivered to the community. People have yet to understand that being transparent does not necessarily mean you are seeking permission from the public on your decisions, but that you are gaining their trust by explaining your decision and the reasons behind the making of the decision.

Accountability: Respondents offered 54 comments on this issue, which fell into categories similar to the comments on transparency. These covered assertions as to its existence in the health sector (30), descriptions of current conditions and/or explanations of why accountability is lacking (21), personnel understanding of the meaning of accountability (15), plus a few incomplete comments that could not be categorized (5). Among assertions concerning the existence of accountability, all of the 30 respondents said there was either none or only limited examples. With regard to personnel understanding, respondents said it was essential or important, mainly stressing the need for systems, procedures, and knowledge about the issue. With regard to current conditions or explanations regarding existence of accountability, reasons included systems that were skewed to the rich or away from the poor, and the lack of information systems and regulations.

Selected comments:

Regulation and accountability frameworks do not exist to create an interface between the health system and the responsiveness of the system measured by service delivery to the targeted population.

As a principle, all resource allocation and utilization should be made public on electronic and print media for review. Accountability is the basis of good health systems and is most important for delivery of services. Without accountability, the system does not deliver what it intends to deliver or delivers at suboptimal and inequitable levels. The hierarchy of accountability should travel from bottom to top and be monitored at all levels. For me, accountability is the single most important factor for the successful delivery of health programs, interventions, and the system as a whole.

Anticorruption: Respondents made 45 comments on issues related to corruption. These included explanations for corruption (17), existence of corruption in the health sector (45), examples of corruption (18), and effects of corruption (5). Responses showed a wide variety with regard to explanations for corruption, including lack of controls and systems, inadequate salaries and working conditions associated with the lack of positive incentives for good performance, lack of mechanisms to promote transparency and accountability, and cultural acceptability of corrupt behaviors. Examples largely focused on pilferage and theft and misuse of funds. Respondents noted that the effects of corruption fall largely on services for the poor.

Selected comments:

Corruption is always possible when there is an imbalance of power and when incentive systems are misaligned. Corruption is probably more present in the health sector given that patients have little control or power over decisions that are made about them, and are at the mercy of the provider of

SURVEY RESULTS REGARDING GOOD HEALTH GOVERNANCE PRACTICE

Statements of good health governance practice	% of respondents who agree with statement	% of respondents who neither agree nor disagree	% of respondents who disagree with statement
1. Government officials rely on research and evaluation studies when they formulate policies, plans, regulations, procedures, and standards of resources and spending patterns.	19.6	32.7	45.8
2. Technical experts, civil society organizations, and health service users have influence on legislation concerning health.	39.3	29.0	28.9
3. Service providers use evidence on program results, patient satisfaction, and other health-related information to improve the services they deliver.	29.0	26.2	42.0
4. Protocols, standards, and codes of conduct, including certification procedures, have been developed for and disseminated to training institutions, health service facilities, and health providers.	43.0	19.6	31.8
5. There are government, voluntary, and private organizations that oversee the way provider organizations follow protocols, standards, and codes of conduct in regard to medical malpractice, unfair pricing practices, discrimination against clients, etc.	35.6	17.8	41.6
6. There are government and private organizations to help providers, clients, and other concerned stakeholders when regulations, protocols, standards, and/or codes of conduct are not complied with.	24.8	24.8	43.6
7. Health services are organized and financed in ways that offer incentives to public, NGO, and private providers to improve performance in the delivery of health services.	15.9	17.8	64.4
8. There are forums and procedures that give the public, technical experts, and local communities opportunities to provide inputs into the development of priorities, strategies, plans, and budgets.	24.0	30.0	34.0

Continued next page

SURVEY RESULTS REGARDING GOOD HEALTH GOVERNANCE PRACTICE *Cont'd*

Statements of good health governance practice	% of respondents who agree with statement	% of respondents who neither agree nor disagree	% of respondents who disagree with statement
9. The allocation and utilization of resources are regularly tracked and information on results is available for review by the public and concerned stakeholders.	13.2	15.3	65.3
10. Systems exist for reporting, investigating, and adjudicating misallocation or misuse of resources.	25.5	20.4	49.0
11. Government and health provider organizations regularly organize forums to solicit input from the public and concerned stakeholders (vulnerable groups, groups with particular health issues, etc.) about priorities, services, and resources.	14.3	18.4	63.3
12. Civil society organizations (including professional organizations, specialized health-related NGOs, the media) provide oversight of public, NGO, and private provider organizations in the way they deliver and finance health services.	33.3	19.2	43.4
13. The public or concerned stakeholders have regular opportunities to meet with managers of health service organizations (hospitals, health centers, clinics) to raise issues about service efficiency or quality.	15.2	21.7	59.7
14. The public and concerned stakeholders have the capacity to advocate and participate effectively with public officials in the establishment of policies, plans, and budgets for health services.	22.6	11.8	62.4
15. Information about the quality and cost of health services is publicly available to help clients make choices as to where they want to go for health services.	15.1	11.8	68.8
16. There are procedures and systems that clients, providers, and concerned stakeholders can use to fight bias and inequity in accessing health services.	12.9	17.2	65.6

Methodology: The questionnaire used a five-point scale to assess the degree of agreement or disagreement with respect to the occurrence of the practices. Responses reported in this table were aggregated to the right (somewhat disagree and disagree) and to the left (somewhat agree and agree). For some statements, the absolute majority fell at the midpoint, and this reflected the perception that good practices occur in a limited way.

the service in terms of negotiating payment, treatment, etc. Patients are also under the impression that to pay more means better quality or better services, even if that is not clinically the case.

Corruption diminishes the impact of health service delivery while competing with the proper allocation of resources to health priorities. Corruption may not only occur in the highest places. Pilferage, leakages and wastage constitute daily, wide-scale corruption in the health service.

Citizen Oversight: There were 48 comments on issues related to citizen oversight, falling into the following categories: existence of citizen oversight (35), importance and reasons for none or limited existence of citizen oversight (27), examples of citizen oversight (8), and requirements for citizen oversight (6). Comments concerning the existence of citizen oversight divided equally between none and limited occurrence. Respondents saw citizen oversight as important to improvement of services. There was a range of views to explain why there was limited citizen oversight from both the government and the community sides. These included lack of capacity, knowledge, and interest on the part of citizens, absence of appropriate citizen representatives, and poor communication between government and providers and citizens. Cases where citizen oversight took place even in limited form was attributed to the strength of civil society, NGOs, and community health groups, interventions by special projects, and the creation of new mechanisms for health delivery such as insurance schemes. Requirements for citizen oversight that respondents identified included putting policies into place, carefully managing the process, improving governance in general, and doing research.

Selected comments:

Citizens clearly have a role in the monitoring and evaluation of health policy and service delivery. Enhanced public participation in oversight functions heightens service providers' and policy makers' awareness and consciousness to provide better services all the time.

Citizen oversight is an extremely valuable asset to health organizations and more importantly to law and policy-makers. Citizen groups help give faces, lives, and personalities to the issues that are researched and read on paper and in reports.

WHAT DO THE SURVEY RESULTS MEAN?

Clearly the sample of respondents reported on in this brief is neither large nor representative. Rather, it is a self-selected group of individuals knowledgeable about the issues of governance in the health sector. This kind of group is likely to be concerned about systems, the impact of health reforms such as decentralization, and questions related to health service access and coverage. The survey bears out these concerns. The respondents as a whole tended to see a close relationship between good governance and well-functioning health systems.

Respondents' relatively negative ratings of the extent to which good governance practices characterize health systems in developing countries confirm the findings of other analyses. Various studies have documented failures in the areas of evidence-based policymaking, closed policymaking processes, weak incentives for performance, limited avenues for effective engagement of service users in oversight and quality assurance, lack of information availability, poor accountability, and problems of corruption. The survey results validate many of the concerns of country policymakers as well as the international health community regarding the practice of good governance in the health sector. In the views of the respondents, most practices associated with good governance do not exist or only exist on a very limited scale.

A look at responses by category of respondents suggests that an important source of champions for promoting good governance are mid-level health program managers, and that NGOs directly involved in health service delivery could be appropriate actors through which to promote good governance practices about which respondents were questioned. It also suggests that good governance initiatives and health system reforms would benefit from close integration, whether the focus is on stakeholder engagement to define reforms, media coverage to inform the public, setting up the operational procedures, rules and technology, building capacity to use them, or developing management and leadership skills for expanding services or promoting organizational sustainability.

WHAT DO THE SURVEY RESULTS IMPLY REGARDING HEALTH GOVERNANCE INTERVENTIONS?

As most of the respondents were from the project management level, the governance perceptions reflected in the survey results are from mainly mid-level staff. These staff work in the public and NGO/civil society sectors. While this latter viewpoint is occasionally somewhat antagonistic to the government, it is interesting to note the shared and fairly consistent view about the lack of good governance practices in regard to politicization of the decision-making process, absence of forums and procedures for involvement of stakeholders in decisionmaking, or inability of the public to constrain inappropriate behaviors within the health services establishment. In some of the comments, the language is quite strong, which suggests the depth of feeling about good practices or, looking forward, the level of potential commitment to improving good governance practice.

Though limited, the survey results lead us to offer the following guidance in developing governance initiatives:

1. **Use governance reform initiatives to remove barriers to health services:** Respondents who mentioned the impact of the absence of good governance practice emphasized restrictions on access to services and poor service quality especially for the poor and most vulnerable sectors of society. Several comments called attention to the fact that where ostensible practices of good governance existed, it was largely the rich who benefited because they were not dependent on the local health system. The comments suggest that the absence of good governance may present a real barrier to access as well as to demand for health services. Poor governance may underlie other types of barriers such as finance, service quality, and provider motivation, so questions of transparency, accountability, and corruption need to tackled in conjunction with all kinds of programs aimed at expanding service delivery to vulnerable groups.
2. **Target the actors who care the most for introducing good governance initiatives: mid-level managers:** As most of the respondents were mid-level program and project managers, working in the public and NGO sectors, these actors should be considered as key targets for good governance initiatives. Their comments suggest a strong if not passionate interest in good governance as a means to address problems in the health sector. They appear to be prime advocates for good governance, and could be the focus for building skills in promoting good governance practices, and in supporting their institutionalization. The survey results also suggest that mid-level managers working for NGOs in service delivery might be the most highly motivated actors to work with, rather than civil society organizations with a specialized focus on good governance. Focusing on health NGOs for good governance interventions would also have the potential of strengthening citizen involvement. Moreover, as NGOs have been in the vanguard of client participation movements in health services, this could serve as a foundation for bottom-up approaches to developing the structures, procedures, and capacity for effective citizen voice in the areas of transparency, accountability, and anticorruption. This could be a platform to tackle some of the governance issues around local government and decentralization noted in some of the responses.
3. **Make systems development initiatives the entry points for good governance action:** In the survey, the absence of good governance was most frequently tied to the lack of systems. Among the systems noted by respondents as weak or flawed were management, personnel, information,

budgeting, and financial. Although it may be an exaggeration to say that such systems do not exist, the survey results suggest that insufficient attention has been paid to the way these systems support transparency, accountability, and anticorruption. For example, information systems, whether they deal with services or finance, need to be designed with the intent of supporting evidence-based decisionmaking and of encouraging the public to access the information, understand its implications, and use it to interact with decision-makers. Such good governance-enhancing systems need to be in place at all levels (as well as beyond just the health sector), especially at the local level to reinforce the objectives of decentralization, which can easily be sidetracked because of the influence of politics on local decisionmaking.

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